

APPLICATION FOR AIR CARRIER/COMMERCIAL OPERATOR CERTIFICATION UNDER FAR 135

Form Approved:
O.M.B. No. 2120-0039

Submit in triplicate (3) to appropriate FAA District Office

1. APPLICATION IS HEREBY MADE FOR ("X" applicable box)

☐ ISSUANCE ☐ AMENDMENT OF CERTIFICATE

2. NAME, ADDRESS, AND ZIP CODE OF APPLICANT

TELEPHONE (Include area code)

3. PRINCIPAL OPERATIONS BASE (Airport, City, State)

5. NAME OF ☐ DIRECTOR OF OPERATIONS ☐ CHIEF PILOT

PHONE (Include area code)

2a. OPERATING AS

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION

☐ OTHER (Specify):

Yes	No
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2b. U.S. CITIZENSHIP AS DEFINED IN FAR 135

2c. PROOF OF REGISTRATION (CAB Part 298)

2d. HOLD A COMMERCIAL OPERATING CERTIFICATE

(If "Yes," state Regulation(s) under which issued):

4. PRINCIPAL MAINTENANCE BASE (Airport, City, State)

6. NAME OF ☐ DIRECTOR OF MAINTENANCE ☐ CHIEF MECHANIC

PHONE (Include area code)

7. OPERATION AUTHORIZATIONS REQUESTED (Use separate line for each different authorization requested)

8. AREA OF OPERATION

[illegible]☐ CONTINENTAL
U.S.

☐ SPECIFIC AREAS

☐ INTERNATIONAL
(List countries)

9. AIRCRAFT TO BE USED *(List one aircraft only in each category and class)*

[illegible]

I certify these statements and the attachments hereto are true and correct.

10. CERTIFICATION

SIGNATURE OF APPLICANT

TITLE

DATE

RECORD OF ACTION—FOR FAA USE ONLY

11. INSPECTOR'S RECOMMENDATIONS *(If additional space is required, attach 8 x 10 1/2" sheet of paper)*

12. INSPECTORS' SIGNATURES		OPERATIONS	MAINTENANCE	AVIONICS
13. APPROVAL ACTION		COMMENTS		
	APPROVED CERTIFICATE NO. ISSUED:			
	DISAPPROVED	SIGNATURE	TITLE	DATE

AIR CARRIER INSPECTION AND SURVEILLANCE RECORD (For FAA use only)
FAR 135

1a. NAME OF OPERATOR *				1b. ADDRESS *				CERT. NO	
								CAB AUTHORITY (298)	
2a. TYPE OF INSPECTION				Instructions: Complete all items for original amendment, or base inspection. Complete applicable items coded (*) for ramp inspection.				2b. PLACE OF INSPECTION	
ORIGINAL		BASE							
AMENDMENT		RAMP							
3. PERSONNEL		TOTAL NO.		PILOT(S)-IN-COMMAND *		SECOND PILOT(S) *		MECHANIC(S)	
								OTHER(S)	
4. AIRCRAFT *	MAKE AND MODEL			REG. NO		OWNERSHIP		HOURS SINCE LAST 100 HR. INSPECTION	
						OWNED LEASED		DATE OF LAST ANNUAL INSPECTION	
								AIRCRAFT CONDITION	
5. TRIP DATA *		FROM			TO			DISPATCHER'S NAME	
		ESTIMATED FLIGHT TIME			FUEL ABOARD			CREW ON-DUTY TIME	
								CREW FLIGHT TIME	
6. ADMINISTRATIVE	<i>(For compliance, check "Yes," or "No")</i>				YES		NO		9. A/C REQUIREMENTS
	A. Operating Certificate & Specifications								
	B. Aircraft Requirements *								
	C. Current List of Aircraft								
	D. Current Pilot Records								
7. PERSONNEL	E. Operation/Maintenance/Company Manual								10. AIRCRAFT & EQUIPMENT
	A. Airmen Qualification, Competency and Proficiency *								
	B. Check Airman Authorizations								
	C. Training Requirements								
8. DISPATCH	D. Autopilot Authorization *								10. AIRCRAFT & EQUIPMENT
	A. Clearance: Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Filed: <input type="checkbox"/> Yes <input type="checkbox"/> No *								
	B. Weather Reports and Forecasts *								
	C. Required Operating Information *								
	D. Fuel Requirements *								
	E. Load Manifest *								
	F. Weight and Balance Control *								
	G. Airworthiness Check *								
	H. Area of Operations								
I. Alternate Airport *								10. AIRCRAFT & EQUIPMENT	
11. REMARKS (Attach supplemental sheet, if necessary)									
12. SIGNATURE				TITLE				OFFICE	
								DATE	